



Consent is hereby given by the undersigned for the child/children named below to Torah Academy its officers, teachers, employees and all other persons acting for and on its behalf to do whatever is deemed necessary within its and their sole discretion to remove or arrange the removal of said child/children to any hospital, first-aid or emergency station in the event of injury or illness without any obligation or liability in so doing. All costs or expenses incurred shall be reimbursed by the undersigned parent.

The undersigned parent does hereby waive any claim or right to claim any damages for any act or acts of Torah Academy, and for its officers, teachers, employees and all the persons acting for and on its behalf with reference to the matters herein set forth.

_____ Date _____ Signature of Parent or Guardian

<u>Child's name</u>	<u>Birth date</u>	<u>Class</u>	<u>Medical Notes</u>
_____	_____	_____	_____
_____	_____	_____	_____

Family Name: _____ Home address _____ Phone _____

Mother's Name (or guardian) _____ Business _____

Phone _____ Cell _____ Pager _____

Father's Name (or guardian) _____ Business _____

Phone _____ Cell _____ Pager _____

If the school cannot get in touch with either of the above, name a friend or relative who may be called upon if the child is sick in school

Name: 1. _____ Phone _____ Cell/Pager _____

2. _____ Phone _____ Cell/Pager _____

Physician _____ Address _____ Phone _____

Insurance Company _____ Policy number _____

Allergies/ Special Conditions _____

If at any time the above information must be changed, I will notify the office in writing.

Parent's signature _____ Date _____